

Chapter IV

Background Characteristics of Study Population

This study collected data from 249 caregivers/respondents who visited YMH along with their patients. YMH is one of the oldest government mental hospitals in India which was established in 1915. It has a bed capacity of 2,400. It also provides outpatient department services (OPD) and 100 to 150 patients and caregivers visit it every day in order to consult psychiatrists and collect medicines. These services are offered free of cost. A nominal amount of Rs. 20/- has to be paid in order to collect the case papers. Medicines, if purchased from the open market, cost in the range of Rs. 1,000 to 3,000. This is the main reason why patients and caregivers use OPD services at YMH covering long distances and travelling time from their place of residence.

Section I

Background Characteristics of Caregivers

A total of 249 caregivers participated in this study. Their background characteristics are presented in Table 4.1. Out of the total caregivers, 73.1 per cent were male and 26.9 per cent female. Hinduism was their most common religion with 87.95 per cent respondents, followed by Buddhists (7.63 per cent), Muslims (3.61 per cent), and Christians (0.80 per cent). In terms of caste, respondents from the open category were 48.59 per cent, 23.29 per cent from SC, 8.84 per cent from NT, 17.67 per cent from OBC and 0.8 per cent from ST. Among caregivers, 47.79 per cent respondents had joint families, while 52.21 per cent had nuclear families. The mean age and education of the caregivers were 43.97 and 9.10 years respectively. Among the respondents, 62.10 per cent were direct relatives of patients, while 37.90 per cent represented other relatives.

Out of the total caregivers, 73.1 per cent were male and 26.9 per cent female. This reflects predominance of male caregivers over female caregivers accompanying a patient to YMH. However, primary caregiver at home, i.e., one that spends more time in looking after treatment and formal and informal care may be a different caregiver. This also reflects traditional division of responsibilities among men and women. Long distance of YMH from

caregivers' residence may be another reason. Our data show that most of women caregivers came from Pune city itself. Very few women caregivers came from districts other than Pune district, especially from Marathwada from where they have to make an overnight journey to reach YMH. Greater responsibility on men as caregivers may be acting as a barrier in taking early treatment or visiting YMH on a regular basis as they have to keep away from their work during day/s of their visit to YMH.

Hinduism was the most common religion of caregivers with 87.95 per cent Hindu respondents, followed by Buddhists (7.63 per cent), Muslims (3.61 per cent), and Christians (0.80 per cent). Under-representation of Muslim population may be because social and economic conditions are not favourable among them and visiting a dargah for relief when symptoms are observed is a common practice among them. Buddhist population seems to be slightly over-represented in our survey considering their population in India. However, considering that in Maharashtra the percentage of Buddhist population is much larger (7 per cent) it was adequately represented in our study.

In caste-wise classification of caregivers, SC population was slightly over-represented with 23 per cent of the total respondents. This may be because of higher education and awareness among it as compared with other castes on the one hand and their higher percentage of population living in urban areas. There was only one caregiver belonging to ST indicating that patients among them did not even reach YMH.

Mean age of caregivers was 44 years and caregivers in the age group 36 to 60 were the most dominant group, i.e., 48.2 per cent of the total caregivers. As we move towards younger age group of 16 to 25 or 26 to 35, the number of caregivers declined to 22.9 per cent and 12.5 per cent respectively. Similarly, with an increase in the age of caregivers (60+ group), the number of caregivers declined to 16.5 per cent.

Mean education of caregivers was 9.1 years. Caregivers with the secondary level education were the most dominant group having 39 per cent of the total caregivers. Caregivers with no education or only up to primary level education constituted 12.9 per cent and 6.4 per cent respectively.

Table 4.1 Number and percentage of Caregivers by background characteristics		
	Number	Per cent
Religion		
Hindu	219	88.0
Muslim	9	3.6
Christen	2	0.8
Buddhist/Neo Buddhist	19	7.6
Caste		
SC	58	23.3
ST	1	0.4
NT	22	8.8
OBC	44	17.7
Open	121	48.6
Others	3	1.2
Gender		
Male	182	73.1
Female	67	26.9
Type Of Family		
Joint	119	47.8
Nuclear	130	52.2
Place Of Residence		
Rural	142	57.0
Urban	107	43.0
Relation of Caregiver with the patient		
Father	61	24.5
Mother	32	12.9
Brother	57	22.9
Sister	4	1.6
Son	33	13.3
Husband	13	5.2
Wife	22	8.8
Others	27	10.8
Education of Caregiver		
Illiterate	32	12.9
1 to 4	16	6.4
5 to 10	97	39.0
11 to 12	48	19.3
13 to 15	40	16.1
16 & above	16	6.4
Mean education		9.1
Age of Caregiver (years)		
16 to 25	31	12.5
26 to 35	57	22.9
36 to 60	120	48.2
61 & above	41	16.5
Mean Age		44.0
Marital status		
Married	203	81.1
Unmarried	36	14.1
Widow	10	4.0

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	Number	Per cent
Occupation		
Not employed	3	1.2
Cultivator (large farmer)	5	2.0
Cultivator (small farmer)	38	15.3
Agricultural labourer	21	8.4
Non-agricultural labourer	15	6.0
Government service	18	7.2
Private Service	64	25.7
Business	27	10.8
Self-employed	18	7.2
Pensioner	15	6.0
Home maker	16	6.4
Student	3	1.2
Monthly income of the Caregivers (Rs)		
No income	23	9.2
1 to 5000	53	21.2
5001 to 10000	66	26.5
10001 to 15000	46	18.4
15001 to 20000	30	12.0
20001+	30	12.0
Total	249	100.0

Caregivers with junior college, senior college and education above graduation level were substantial, i.e., 9.3 per cent, 16.1 per cent, 6.4 per cent respectively. A large number of caregivers were educated above junior college which reflects potential of educating and developing awareness about mental illness in this group.

About relation of caregivers with the patients, 75.2 per cent of the caregivers were blood relatives of patients. This reflects importance of family in being caregiver for person with mental illness. A similar observation has been reported by some studies that have found that for a majority of patients primary caregivers were their blood relatives. Among blood

relatives parents formed 38 per cent of the total caregivers. This reflects important role of parents in India in looking after their children even in their old age. This also shows the kind of family atmosphere which patients have in spite of the chronic nature of their illness. This is helpful for the recovery of patients or for reducing their disability. Patients in India, unlike patients from developed economies, have an advantage in this respect. However, in the light of delayed, irregular treatment and almost absence of any support from the government, this also reflects the enormous burden that families have to bear.

In occupational classification of caregivers, those unemployed were negligible, i.e., only 1.2 per cent of the total respondents. The number of large farmers was small in our survey with 2.0 per cent of the respondents. This may be because large farmers with greater income may be approaching private mental health service providers rather than going to the government hospital which is considered to be providing service to people from the lower income strata. Caregivers belonging to the categories of small farmers, agricultural labourers, non- agricultural labourers and private servants, who basically come from very low income group, collectively formed 55 per cent of the total caregivers. Several studies show an association between indicators of poverty and the risk of mental disorders (Patel & Kleinman, 2003). Pensioners and caregivers in government service were around 13 per cent.

Section II

Background Characteristics of Patients

Among 249 patients, 68.3 per cent were males and 31.7 per cent female (Table 4.2). The mean education of the patients was 7.69 years, while the mean age at the beginning of symptoms and the current age were 24.68 and 37.75 years respectively. Among them, 55.82 per cent were employed while 44.17 per cent unemployed. Schizophrenia was the main diagnosis of the patients which afflicted 74.44 per cent, Psychosis 8 per cent, Bipolar affective disorder 7.48 per cent, and others 9.69 per cent. Predominance of patients with Schizophrenia or major mental disorders is also reported by other studies (Lahariya, Gautum, & Jain, 2010; Jain, et al., 2012).

Predominance of male patients over female patients reflects a gender bias in terms of taking patients to mental hospital for treatment. It is said that mental illness is most

democratic, i.e., its prevalence is uniform across sex and other characteristics. Hence, if prevalence of mental illness among women is not less than among men, then a significantly higher number of male patients over female patients at YMH is a clear reflection of gender bias. Males receive preference over females in taking them to YMH for treatment. Similar observations are recorded by (Lahariya, Singhal, Gupta, & Mishra, 2010). He argues that illness of male patients is taken more seriously than that of female patients. That results in a greater utilisation of psychiatric hospital services by male patients.

Mean education of the patients was 7.7 years, lower than that of caregivers. Onset of symptoms very often occurred at a relatively young age (WHO, 2001; WHO, 2003), which is an important period for continuing of their education. Emergence of symptoms brings disturbance in their education and very often on a permanent basis in the case of major mental illnesses. This was the reason for the very less number of patients with education above secondary level in our studied population. Patients in the secondary education group (5 to 10 years) were in a majority with 53.4 per cent of the total.

Mean current age of the patients was 38.8 years. However, patients in the age group of 36 to 60 and 26 to 35 years were predominant at 44.2 per cent and 36.0 per cent respectively. Together they made 80 per cent of the total number of patients. Age group of 25 to 60 years is the most productive age group and patients in this age group who develop chronicity of disorder may not be able to perform even their day to day activities or contribute economically. That is the reason for contribution of mental illness is the highest in terms of DALYs lost among all disabilities.

Many patients develop symptoms of mental illness from 16 to 25 years of age. This is the prime time in the life of an individual. During this period of life, adolescent and late adolescent individuals learn new skills and develop relationships which are important for growth and stability in their future life. In our sample, 60 per cent patients developed their illness during this period. Since mental illness strikes in early age and people have yet to live many more years, it has the highest share in the total disability due to all disorders (WHO, 2001).

Out of the total patients, 74.4 per cent has schizophrenia, 7.5 per cent BAD, 8.4 per cent psychotic and 9.7 per cent others. All these illnesses come under what is called as major

Table 4.2. Number and percentage of patients by background characteristics		
	Number	Per cent
Gender		
Male	170	68.3
Female	79	31.7
Current Age of the patient (years)		
<25	37	14.9
26-35	91	36.0
36-60	110	44.2
61+	11	4.4
Mean age		37.8
Age at the beginning of symptoms (years)		
<25	150	60.2
26-35	64	25.7
36-60	32	12.9
61+	3	1.2
Mean age		24.7
Education of the patient in completed years		
No education	39	15.7
1--4 years	18	7.3
5--10 years	133	53.4
11--12 years	36	14.5
12--15 years	19	7.6
16 years & above	4	1.6
Mean education		7.7
Type of illness		
Schizophrenia	169	74.4
BAD	17	7.5
Psychosis	19	8.4
Others	22	9.7
Marital status		
Married	145	58.2
Unmarried	82	32.9
Widow/Widower	12	4.8
Divorcee	10	4.0
Employment status		
Unemployed	110	44.2
Employed	139	55.8
Occupation		
Not employed	110	44.2
Cultivator (large farmer)	4	1.6
Cultivator (small farmer)	25	10.0
Agricultural labourer	11	4.4
Non-agricultural labourer	4	1.6
Government service	7	2.8
Private service	20	8.0
Business	11	4.4
Self-employed	10	4.0
Pensioner	1	.4
Home maker	41	16.5
Others	4	1.6
Student	1	.4

Table contd..

	Number	Per cent
Monthly income of the patients (Rs)		
No income	180	72.2
1 to 5000	27	10.8
5001 to 10000	19	7.6
10001 to 15000	6	2.4
15001+	7	2.8
Total	249	100.0

mental disorders. In this study ‘Others’ include only 5 patients who had a common mental disorder (CMD). In India the prevalence of CMD is four to five times greater in number as compared with that of major mental disorders (Gururaj, 2005). However, in our study their number is negligible. It means that a majority of the patients with common mental disorders are not brought to YMH.

Considering that there are hardly alternative facilities for treatment of common mental disorders, either at primary health centres or district hospitals, our conclusion is that very few such patients receive any treatment. Patients with schizophrenia over-represent in this study. This may be because their symptoms are and they become troublesome to other members in the family.

Similar findings have been reported by others (Lahariya, Gautum, & Jain, 2010). They argue that very poor turnover of patients with CMD in a mental hospital is because there is a myth among caregivers that psychiatric hospitals are basically for psychotic patients, i.e., patients with severe mental illnesses. There is a need to remove this myth in the minds of the public so that persons with CMD will also avail services at mental hospitals. Jain, et al. (2012) argues that often patients with depression do not realise for long that they suffer from an illness and realize it only when symptoms become severe, while psychotic patients disturb peace of the family and hence early consultation is sought from the nearest possible source. Being unemployed is the single largest category among patients with 44.2 per cent of the total patients, followed by home maker which is 16.5 per cent. In all 61 per cent of the patients in this study were not in the labour market.

This study collected data from 249 caregivers from OPD section of YMH. Out of the total caregivers, a majority of them were male, which reflects predominance of male

caregivers over female caregivers. Hindu and SC population was slightly over-represented in their respective categories. The mean age and education of the caregivers were 43.97 and 9.10 years respectively. The most frequently found relation of caregiver with the patient was the parent or some other family member.

Among 249 patients, a majority were males, which reflects neglect of the female population in taking them even to a mental hospital. Majority of them had experienced the onset of symptoms at an early age, i.e., before attaining 25 years. The mean education of the patients was 7.69 years. Most of the patients (as many as 74.44 per cent of the total patients) were diagnosed with schizophrenia, while patients with CMD were negligible in number. Around 50 per cent of the total patients came from Pune district alone. Around 25 per cent of the total patients came from districts adjoining Pune and around the same number came from far-off areas like Marathwada and Vidarbha, and patients had to travel 300 to 500 kilometres one way alone to reach YMH.